

PROGRESS SHEET

ID#4161790	\geq	SURFAC	CE W	ATER			☐ GRO	UND	WATI	ER			
Mr. Richard F. McKeirnan							TELEPHONE NO. 509-843-3357						
ADDRESS 505 Highway 12 West				CITY Pomeroy				STATE ZIP CODE Washington 99347					
ASSIGNED TO			TELEPHONE NO.				y	DATE ASSIGNED					
ADDRESS	-				CITY		S	STATE		ZIP CO	ODE		
APPLICATION NO.			PERMIT NO. CERTIFIC.				CERTIFICA	A TE NO					
S3-30401				CERTIFICAT				1ENC					
DATE AMENDED				DATE CANCELLED W.R.I.A. 35									
				AF	PLICAT	TION	55						
DATE APPLICATION RECEIVED						DATE FEE REC							
March 13, 2003			TES NO				3 CK No. 3131						
STATEMENT OF ADDITIONAL EXAMINATION FEE \$			DATE SENT DATE RECEIVED				ED						
DATE RETURNED FOR COMPL	ON DATE RECEIVE					ED	D						
				TEMP	ORARY	PERM	1IT						
APPROVED BY				DATE ISSUED									
East Washington				PU	BLICAT	TION							
APPROVED BY			DATE APPROVED I			DATE NOTICE SENT							
PROTESTED BY & DATE													
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DATE AFFIDAVIT RECEIVED CHECKED BY				TIME EXPIRED DATE AMENDED NOTICE SE				DATE AFFIDAVIT RECEIVED TIME EXPIRED					
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APPROVED			PRO	VISO				P	ROTEST				
		1		EX	AMINAT	ΓΙΟΝ							
DATE EXAMINATION MADE	MADE MADE BY			DATE REPORT OF EXAM. WRITTEN				V	WRITTEN BY CHI		CHECKED	HECKED BY	
DATE PERMIT FEE REQUESTED				AMOUNT DUE					DATE RECEIVED				
					PERMIT	Т							
PERMIT APPROVED BY DATE APPROVED			PERMIT NO.				TNO.		DATE ISSUED				
			_	BEGINNING	OF CO	NSTR	UCTION						
DATE NOTICE SENT				DATE FILED					EXTENSION FEE				
EXTENDED TO					LES	VTEN	DED TO						
EXTENDED TO					E	ATEN.	DED TO						
		W	ELL D	RILLER'S ANI		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own	RUCTION REP	ORT					
DATE SENT					DA	ATE F	ILED						
D. I. M.D. VOMVON ON IN				COMPLETIO	N OF CO	ONSTI	RUCTION						
DATE NOTICE SENT				DATE FILED				EXTENSION FEE					
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				PROOF O	F APPRO)PRIA	TION						
ATE SENT DATE FILED			F			XTENSION FEE			EXTENDED TO				
DATE CERT. FEE REQUESTED		AMOUNT DU	ΙΕ	E DATE RECEIVED			DATE APPROVED		FOR CERTIFICATE APPROVED BY		D BY		
					TIFICA	TION							
PROOF EXAM REQUIRED ☐ YES ☐ NO			CERT	TIFICATE NUM	BER			D	ATE ISSU	JED			

Walla Walla Field Office